

City of Benton



Mayor's Youth Advisory Council Application

Please complete this application in its entirety and return by 5pm on Friday May 9, 2008 to:

Mayor's Youth Advisory Council

Attention: Angela Ross

PO Box 607

Benton, AR. 72018

Interviews will be held on Saturday, May 17th 2008 at the Benton Municipal Complex.

You will be contacted to set your interview time.

Date: _____

Name: _____

Address: _____ **Zip Code** _____

Home Phone: _____ **Cell phone:** _____

E-Mail Address: _____

School: _____ **Current Grade:** _____

Age: _____ **Date of Birth:** _____

1. How did you hear about the Mayor's Youth Advisory Council?

2. List your current obligations, interests and activities (job, hobbies, organizations, clubs, sports, positions held.)

3. What are the three (3) most important issues to you, your friends and your family in our community?

- 4. If you could bring something new & or change anything in the City of Benton what would it be?**
- 5. Why do you want to serve on the MYAC?**
- 6. What do you hope to learn by serving on this council?**
- 7. How do you think the MYAC can become a powerful force in representing the youth of our community? (Please be specific)**
- 8. What personal skills and characteristics do you possess that would make you a good representative for this council?**
- 9. Are you willing & available to attend the regularly scheduled MYAC meetings once monthly?**
- 10. Do you have the time & the desire to serve on volunteer community projects and / or special committee projects approximately 2-4 hours a month throughout the year?_____**

Please provide 2 references (one Youth and one Adult) please see last 2 pages for information to provide to an adult and a youth peer as a personal reference.

References:

Name_____
Address_____
Home Phone_____ **Cell Phone**_____

Name_____
Address_____
Home Phone_____ **Cell Phone**_____

I understand that if I am selected as a member of the City of Benton's Mayor's Youth Advisory Council, I will need to attend the regularly scheduled once monthly meeting and participate in a manner that brings honor and respect to the City of Benton, it's citizens, and this Council.

Signature_____ **Date**_____

I give my permission for _____ to apply for the Mayor's Youth Advisory Council for the City of Benton. If selected, I will support him/her in attending meetings, participating in community service projects and all functions related to the Mayor's Youth Advisory Council.

Signature of Parent or Guardian

Date

Reference #1 / Adult
City of Benton Mayor's Youth Advisory Council

- **Applicant: TWO references must be completed by non-relatives; one adult and one youth peer;**
- **Reference: Please include the following information about yourself so that we may contact you if necessary.**

Applicant's Name: _____

Reference's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

1. How long have you known the applicant?

2. What is your relationship to the applicant? _____

3. Is the applicant dependable? _____

4. Why would you recommend the applicant for this position? _____

Signature _____ **Date:** _____

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and return by mail to the following address NO LATER THAN Friday May 9, 2008. Thank you.

Mayor's Youth Advisory Council
Attention: Angela Ross
PO Box 607
Benton, AR. 72018

Reference #2 / Youth Peer
City of Benton Mayor's youth Advisory Council

- **Applicant: TWO references must be completed by non-relatives; one adult and one youth peer;**
- **Reference: Please include the following information about yourself so that we may contact you if necessary.**

Applicant's Name:

Reference's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

5. How long have you known the applicant?

6. What is your relationship to the applicant? _____

7. Is the applicant dependable? _____

8. Why would you recommend the applicant for this position? _____

Signature _____ **Date:** _____

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and return by mail to the following address NO LATER THAN Friday May 9, 2008. Thank you.

Mayor's Youth Advisory Council
Attention: Angela Ross
PO Box 607
Benton, AR. 72018